

Participating Provider Agreement
Chronic Renal Disease - Transportation

Checklist

The following checklist shows all the items that **must** be verified before you submit your agreement.

Completed	Item Name
<input type="checkbox"/>	1. Have you made sure the Provider information matches correctly with CVMU and DOS?
<input type="checkbox"/>	2. Have you included Fid. I.D # and Sap Vendor # ?
<input type="checkbox"/>	3. Have you acquired the correct signatures and titles ?

The following checklist shows all the documents that **must** be submitted.

Completed	Document Name
<input type="checkbox"/>	1. Completed Signature Page
<input type="checkbox"/>	2. Copies of the following appendices: Appendix A Appendix B Appendix C
<input type="checkbox"/>	3. Completed W-9 form
<input type="checkbox"/>	4. Completed Contact Sheet

Please use this checklist to ensure that all required items are submitted as part of your agreement.

Thank you!